



State of California
Kevin Shelley
Secretary of State 39

LIMITED LIABILITY COMPANY - STATEMENT OF INFORMATION

Filing Fee \$20.00 - If Amendment, See Instructions

IMPORTANT - Read Instructions Before Completing This Form

1. LIMITED LIABILITY COMPANY NAME: (Do not alter if name is preprinted.)

EARTH ESCAPES, LLC
300 LOMA METISSE
MALIBU CA 90265

3098

FILED
In the office of the Secretary of State
of the State of California

MAR 17 2004

Kevin Shelley
KEVIN SHELLEY, SECRETARY OF STATE

This Space For Filing Use Only

☐ IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION CONTAINED IN THE LAST STATEMENT OF INFORMATION ON FILE WITH THE CALIFORNIA SECRETARY OF STATE, CHECK THE BOX AND PROCEED TO ITEM 12.

2. SECRETARY OF STATE FILE NUMBER

200010210021

3. STATE OR PLACE OF ORGANIZATION

CA

4. PRINCIPAL EXECUTIVE OFFICE

STREET ADDRESS 300 Loma metisse
CITY Malibu

STATE CA ZIP CODE 90205

5. CALIFORNIA OFFICE WHERE RECORDS ARE MAINTAINED (FOR DOMESTIC ONLY)

STREET ADDRESS 300 Loma metisse
CITY Malibu

STATE CA ZIP CODE 90265

6. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS

☒ AN INDIVIDUAL RESIDING IN CALIFORNIA.

☐ A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTION 1505.

AGENT'S NAME: Henry Root

7. ADDRESS OF THE AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL

ADDRESS 1541 Ocean Avenue
CITY Santa Monica

STATE CA ZIP CODE 90401

8. DESCRIBE TYPE OF BUSINESS OF THE LIMITED LIABILITY COMPANY.

Television Production

9. LIST THE NAME AND COMPLETE ADDRESS OF ANY MANAGER OR MANAGERS, OR IF NONE HAVE BEEN APPOINTED OR ELECTED, PROVIDE THE NAME AND ADDRESS OF EACH MEMBER. ATTACH ADDITIONAL PAGES, IF NECESSARY.

a. NAME Tall Pony Productions, Inc.
ADDRESS 300 Loma metisse
CITY Malibu

STATE CA ZIP CODE 90265

b. NAME Anthony Eaton
ADDRESS 300 Loma metisse
CITY Malibu

STATE CA ZIP CODE 90265

c. NAME
ADDRESS
CITY

STATE ZIP CODE

10. CHIEF EXECUTIVE OFFICER (CEO), IF ANY:

NAME
ADDRESS
CITY

STATE ZIP CODE

11. NUMBER OF PAGES ATTACHED, IF ANY:

12. THIS STATEMENT IS TRUE, CORRECT AND COMPLETE.

Anthony Eaton
TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

Member
TITLE

03.15.04
DATE

DUE DATE: 04/30/2004